Nerve Gas from Catalytic Converters

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— Part 2 —

"Since the end of '92, beginning '93, we are constantly having increased haemoglobin [Hb] levels in many of our patients. Where the level used to be 13 or 13.5, we now have 16, sometimes 17 and more. Please check the measuring methods."

Mrs Rau, a medical technologist in my laboratory, responded, however, that all values had been checked but that the Hb levels have constantly risen since about March 1993, namely in steadily rising increments over a period of several months. I had this phenomenon of the steady increase in haemoglobin levels checked again in our independent hospital laboratory, with the same results. This Hb-level increase was mainly observed in patients who were not seriously sick and, thus, whose bone marrow was capable of regulation in a normal manner. Then Nurse Monika told me: "The leucocyte count also increased last year on average." This observation, too, proved to be correct.

Hundreds of patients which I was able to check again in '93 to compare the levels with previous years, showed this phenomenon of a rather drastic Hb increase. Some of my colleagues noted similar observations. On the occasion of a lecture at Langenhagen, where I talked about this increase of Hb levels, laymen also reported that they had been informed by their physicians in this respect. Such increases of Hb levels are, to a broad extent, typical for an oxygen deficiency; for example, in persons who constantly live at high altitudes. This is a normal adaptation of the blood formation to oxygen deficiency. Actually, the Hb-level increase in many controlled patients is very much associated with a decrease of $P0_2$ in the blood, thus with a reduction of the oxygen partial pressure in blood, even if this reduction is only slight.

Which factor is responsible for this impediment to oxygen absorption? Practically, only the abovementioned toxic gases from cat. cars come into consideration—no alternative is in sight.

In fact, this phenomenon does not occur in inhabitants of the North Sea islands (where the wind blows from the seaside). Furthermore, we did not observe this phenomenon in rechecked patients from large agricultural regions in midwestern US; however, we did find it in patients living in the east and north-west of the US and, in 1993, in persons living in California.

Why weren't we able to observe this phenomenon to such a noticeable degree in 1991 or in 1992? Well, 1993 was a very humid year, the previous years had very dry weather. Phosphoric esters (nerve gas), minor traces of which are capable, like enols, of restricting the oxygen absorption of cells, are likely to adhere to tiny drops of water and thus are readily absorbed by the biosystem. In times of dryness, these substances degrade faster and are scarcely inhaled. In '93, it was raining almost all the time in Germany, and in California there were steaming and heavy cyclical showers. An increased susceptibility to infections and irritations of the bronchial passages was observed in all patients.

First of all, all catalytic converters should be removed from cars as soon as possible. A parallel measure should be the removal of MTBE and, to the extent possible, of benzene, too, from gasoline.

This was not a particularly pleasant observation, but another serious discovery was added in the fall of '93. For about 18 years, clinical oncologists have noticed that patients having cancer, a predisposition for cancer, osteoporosis or an illness of the immunological system such as multiple sclerosis, very often showed rather low urea levels in the blood serum, while the creatinine levels did not show this drop so clearly. Then, in 1987, Amat, the Spanish biochemist and neurologist, issued a 1,000-page monograph on the biochemical importance of urea. This study only exists in Spanish, but it is, however, indispensable for every oncologist and immunologist.

Amat was able to show that urea in the blood serum is not only a substance that is present as a catabolite of the protein metabolism for output through the kidneys, but that urea in the blood creates a large pool with automatic control functions of fundamental importance. Ureal metabolism has a regulative function for at least seven further metabolitic pools, or vice versa. Amat described this system as being a communicative machinery which includes the pyruvate and glutamate cycles, as well as elements of the lipido metabolism.

Experience has taught us that the urea level in blood serum should be approx. 37 mg%. [In the US, BUN ranges from 10 to 25 —*TLfD* Ed.] If it rises much higher, there can be kidney damage. This is a known fact. If the level, however, is lower, the organism is at great risk in the long run. The frequency of cancer increases. At levels of less than approx. 17 mg%, multiple tumours have occurred quite often. This connection is very probable in cases of predisposition for melanomatosis in patients normally having a clean skin. Very often, there is a correlation between multiple sclerosis, osteoporosis, as well as illness of the immunological system and very low urea levels. Over the last 15 years, we have attempted to explore the phenomenon of low urea levels. However, this is quite impossible without having read Amat's 'fat volume'. Obviously, the cellular biologic structure has been linked to urea for millions of years as an indispensable factor for the stability of membrane and gene structures. Or, the functions of the abovementioned metabolic machinery have to be adjusted so that a 'complete' urea pool would be the result. If this is not the case, for whatever reason, the cell membranes and the gene systems tend to show instability. And this has serious consequences for keeping an organism healthy.

We have observed in many patients whose haemoglobin levels increased in 1993 that they had reduced urea levels also. This was particularly the case in patients who had relatively low levels and low blood pressure previously. Also, the

triglyceride levels seem to decrease. It seems as if the abovementioned toxic substances produced by the catalytic converter have led not only to latent, very slowly developing damage to the 'Amat machinery' but also to a reduction of the urea pool. If this is the case—and I have virtually no doubts in this respect—this would be an extremely threatening development.

One more thing which we noticed was that in patients with ALS (amyotrophic lateral sclerosis) we also found low urea levels. ALS, contrary to multiple sclerosis, is not a disease of the immunological system. In cases of ALS, you find a defect of the capability to inactivate viruses of the measles group and, in particular, the cellular incapacity of zymogenesis, called SOD (super-oxide-dismutase). This SOD, however, is necessary in order to prevent toxic oxidative radicals and heavy metals from damaging nerve cells. We are positive on one point: the many ALS patients observed by us frequently come from regions with cat. cars. The situation is becoming worse. However, the connection between the cat. car and ALS will have to be examined in longer term studies.

Being a well-known critic of the catalytic converter, I am frequently asked what I would recommend, in particular with respect to the threatening aspects described herein. First of all, all catalytic converters should be removed from cars as soon as possible. A parallel measure should be the removal of MTBE and, to the extent possible, of benzene, too, from gasoline. As a next step, gasoline should be slightly leaded again, but just to the necessary extent. 'Intrinsic' combustion in gasoline engines should be optimised as suggested as a preferential solution, by Peugeot and Citroen President Jacques Calvet in three letters he sent me. One way to achieve this is to lead the fuel or the gas mixture through magnetic fields. Another good procedure would be the use of high-energy ignitions of mainly non-ohmic power quality (so-called plasma ignition based on the Tesla phenomenon). These procedures allow a lean-mixture [lean-burn] operation, reducing the toxic burden from the exhaust.

The fact that ADAC [German automobile club], *Stern* [a German news magazine] and other organs have been discrediting this technique over the years in a most nasty manner, speaks for itself. ADAC has been aware of the problems related to the catalytic converter for more than eight years. The manner in which this problem has acquired criminal relevance, in view of latest knowledge, will have to be judged by the competent institutions.

I further recommend buying nothing but a diesel, when the purchase of a new car is being considered. German, French and Swedish companies offer diesel cars with excellent quality which, in principle, are superior to gasoline-operated cars anyway.

However, these recommendations only have a limited perspective. Many readers might not know that the end of gasoline—and diesel fuel—has been introduced as of 1st January 1998, namely by a Californian law. Two per cent of all cars sold under one brand must be exhaust-free; if not, this brand must refrain from selling cars entirely. Only three years later, this regulation will become more strict. There will be no recognition of the brand all over the world if there are no sales in the US.

As battery-operated vehicles will remain insignificant due to physics principles, only a driving mechanism with combustion water, a preliminary stage of oxyhydrogen gas, will come into consideration. It will be generated by converted vacuum-field energy in the car using only water, maybe with a low addition of gasoline, diesel or hydrogen. There is no alternative to this concept except, at best, the so-called Shoulders conversion (Toyota project).

I am very often asked the question of how to protect oneself against the cat. danger in the air. Theoretically, coenzyme Q10 (hydroquinone) should help a bit. However, we did not notice any positive effects with it. Better would be a mixture of potassium-magnesium aspartate together with a urea solution (phone +49 (511) 34 1387). This improves the supply of high-energy phosphates in cellular metabolism. I highly recommend taking vitamin Mi (colaminphosphate salts, Ca-RMg-AEP) in the form of grains in capsules. Tablets with a thick coating are not as easily absorbed by patients with membrane damage. Under this treatment with about three to five capsules a day, oxygen absorption through the lungs into the blood is improved. Nevertheless, there is no alternative: catalytic converter poison must be removed from the air, and quickly! ∞

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